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The *are*, the square of ten meters, or of the dekameter, is the unit of surface or land measure. Only two of its derivatives are in common use,—the hectare, equivalent to 2.471 acres, and the centare, equivalent to 1550 square inches.

For solid measure, we have the *stere*, equal to a kiloliter, or to 1.308 cubic yards.

The comparison of the British yard and the French meter was an operation of extreme delicacy. The standard meter, constructed of platinum, was longest at 32° F., and the standard yard, made of bronze, was longest at 62° F. But even this difficulty was surmounted, and now the metric standards are made of an alloy of platinum and iridium, which is unchangeable.

With a little practice and patience the words meter, liter, and gramme come to mean something definitely fixed in the mind, just as the words yard, quart, and ounce produce unconscious and instant pictures. Approximately, the breadth of the palm is a decimeter, the breadth of the little finger at its extremity a centimeter. We are wont to measure from the middle of the lips to the full length of the arm for a yard; if, instead of this, we measure from the lobe of the ear to the extremity of the opposite arm we have a meter—accurate enough for common usage.

A word as to pronunciation. All the French terms used in the metric system have been Anglicized, and it is much simpler and more natural, unless we are absolutely sure of our French, to say sen'tee-mee-ter. These metric words are as much a part of our common speech as any other words of our language.

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## THE POSITION OF THE SMALL HOSPITAL IN THE EDUCATION OF THE NURSE

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MANY new and varied problems are suggested by the development of the training-schools for nurses and their rapid multiplication by the corresponding increase in the number of hospitals throughout the community. In many of the older institutions the evolution of the course has gone on, so that they are no longer simple training-schools for nurses, but schools from which women with a well-rounded information in all branches of nursing, hospital administration, and housekeeping are graduated. The school no longer prides itself on the success of its graduates

as nurses, but recounts the number of graduates who have administrative positions in other hospitals and charity institutions.

The training courses in the older and larger institutions have been increased in value, more systematized, and regular, progressive, paid instruction is taking the place of the more or less haphazard lecturing by a number of instructors. While in some ways it is a loss not to come in contact with the whole hospital staff, yet, on the whole, the changes have made a distinct gain for the pupils. The course, it is felt, should now include not only general medical and surgical training, but also the special care of children and of obstetrical cases is to be added, and much more attention is paid to food and dietetics and housekeeping. All this requires a longer course of study and a well-educated mind in order to assimilate the larger amount of knowledge taught. As a manifestation of this increased standard there has grown a tendency to recognize such a school as one of a distinctly advanced grade.

These institutions require not only a longer course of study, but also either do not pay the pupil nurses for their time and work, or even ask a fee for the tuition.

Some of the larger institutions, although having from one to two thousand applicants each year, have not been able to fill their corps of pupil nurses because they have not had applicants that have come to the ideal standard required for admission to the schools. This standard is maintained, although it has entailed a large expense to the hospital to pay for graduates to do the necessary nursing. Such is the tendency of the training-schools in the older and progressive and larger institutions. Only a few, perhaps, have arrived at the stage indicated, and possibly none have all the features outlined, but it is the tendency of the times.

What is the position of the public in the matter of nursing? There can be no doubt but that the value of the care of the sick in the home is much more recognized to-day than formerly. Nursing has come to be considered as one of the necessary expenses of housekeeping. The saving of the wear and tear of the family and the greater comforts of the sick person are appreciated and demanded even among people of very moderate income. Neighbors no longer have to volunteer to act as watchers, children do not have to be kept from school or their usual occupations, because in the ideal instance the sickness is only felt in the sick person's absence from the family circle, while the running of the household is kept as near intact as possible by the presence of the nurse.

This increase in the demand for nursing attendance, even in slight illnesses and among those who are not rich, as riches are now considered, has led to a discovery that there are grades of illnesses and grades of nursing. The person who has a slight attack of transitory sickness, or a

slight surgical operation which requires rest and quiet in bed for a week or two weeks, is very apt to find that after the first excitement of the case is over the nurse trained to energetic action and the excitement of the battle in which the uncertain outcome is life or death loses her interest. In other words, a nurse who is capable of running a whole hospital or a ward, or a case requiring the most accurate judgment, is often employed to do work but little above that of a first-class maid. In many children's diseases there is more need of a person who can read, paint, model in clay, and play games than for one who is skilled in emergencies. These facts are getting to be well recognized. To be "sick and have a trained nurse" used to mean "very sick indeed." At the present time in the majority of cases it merely means "confined to the house." The presence of the nurse used to denote, except among the very rich, typhoid or pneumonia, or some condition where life was threatened. But such is not the case now. So just as the householder would not pay the same for a housekeeper, a cook, a personal maid, a parlor or a scullery maid, so there is no reason why there should be the same compensation or the same talent employed for the severe case of typhoid, or for an emergency operation where life and death hangs in the balance, as when the case is one of a mild subacute or chronic type.

The present situation as regards the large hospitals and the public may be summed up as follows: The schools are demanding more and more in the way of preparation, time, and money from the pupils; the public is building new hospitals which must have experienced nurses to manage them, and the public wants a great deal of nursing, but demands that the attendance at the bedside shall be graded.

This leaves the small hospital in a rather anomalous position. A few years ago in all directions training-schools were started in connection with each new hospital, and all graduated "trained nurses." Now it is at once evident that the graduates could no more be on the same level than the graduate of some small far-Western college is on the level of the average graduate of one of the great Eastern universities. This is in no way derogatory to the work done at the smaller hospital or college. Occasionally a specially bright graduate, taking advantage of the start obtained, will push to the front rank of the professional life, but it is done in spite of the inadequate training, just as in all walks of life some have risen who have had little or no technical training. Many of the smaller hospitals are beginning to experience two marked difficulties in their nursing departments. First is the realization that their course of training is not what is being offered by other schools possessing greater facilities; that they cannot offer the varied forms of training possible in a large hospital or combination of hospitals. There is a distinct real-

ization of this on the part of the managers of the training-school, and after the first few months it begins to dawn on the pupil nurse that her advantages are distinctly limited, and this discovery is apt to produce discouragement and dissatisfaction. Now that the distinction between the value of the training in the various schools is beginning to spread, many of the smaller schools find that they no longer attract the best class of young women, and that it is more and more difficult to secure pupil nurses who are able to assume, even at the end of their training, responsible positions in the operating-rooms or in the charge of severe cases.

What is to be the outcome of this tendency in the nursing profession? How shall the small hospital meet the question when it arises? One way is to combine with other institutions, so that the nurse may have more varied experience. There are many things that might be said in favor of such a course, for there are many points when, in the care of patients, the small institution offers advantages that are not to be found in the more complex machinery of a great hospital. But there are very obvious obstacles to be overcome in perfecting any such arrangement.

Another method is to frankly recognize the inability to compete with the best training-school, to employ a greater number of the best trained nurses to have charge of the positions of responsibility, and to offer shorter courses which shall train persons for the lower grades of the profession.

Again, the small training-school is uneconomical. To make it a success, as much energy, if not more, certainly more proportionately, must be expended by someone than in the larger school with its greater opportunities. All these arguments present themselves with varying force according to the conditions under which the school is struggling.

A number of years ago the Massachusetts Emergency and Hygiene Association recognized that there was a demand on the part of the public for attendant work, and started to fulfil that demand. Their experiment has been a success. Women have been found whose adaptability for the care of the sick has been recognized and often tried, but for the reasons of deficient education, advanced age, or financial circumstances could not become members and graduates of a hospital training-school. Others have taken the course to find out if they really liked to have to do with sickness, and some have become interested and later taken a full hospital training. A certain number wish general information about the essentials of working to help them in charity work and home work, and a few experienced nurses from smaller towns have come to take a course to see if they could pick up new ideas that would be of advantage to them. Two-thirds of the work has been practical and one-third class work. The

extreme limit of time after several experimental changes has been twelve weeks. What has been taught has been bedmaking, care of the room, care of helpless patients in feeding, moving, bathing, the use of the bedpan, etc. Preparation and serving of sick-diets has been taught. Also taking and observing the pulse and temperature. The work with the patients has been with the poor of the city, and many a poor "chronic" has been much relieved by their ministrations. The obvious difficulties have been the uncertainty of district work, and especially of a sufficient number of suitable cases to demonstrate all the principles taught. Thanks to the devotion and energy of Dr. Anna G. Richardson and of Miss Isabel Strong, a graduate of the Massachusetts General Hospital, and now in charge of district work in Columbus, O., the experiment has developed into a great success. It may be interesting to know that the very beginning was under the charge of Mrs. Dita H. Kinney, graduate of the Massachusetts General Hospital and now well known for her work in the army and at the Philippines.

The work for the next year is to be taken over by the Vincent Memorial Hospital. This institution will have a staff of graduate nurses, whose duty shall be to have charge of operations and the responsibility for the preparation for the same and the care of the cases. They will also be teachers of the attendant pupils who come into the wards each day to learn the detail of the care of the sick. The general theoretical teaching will be given by the medical staff of the hospital.

It appears as though this experiment was a step in the progress and evolution of problems of nursing which I have tried to indicate as confronting us at the present time. New and very desirable hospital positions of responsibility and dignity are to be opened to the best trained nurses who wish for institutional work. At the same time there will be a systematized course for the lower grades of the profession, and the hospital will secure more efficient service than it otherwise would be able to obtain under the present conditions. It is safe to say that many institutions will watch the outcome of the Vincent Hospital experiment with much interest.

